

Wilderness Nature Camp 2010

Pioneers Park Nature Center
Lincoln Parks & Recreation Department
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Junior Counselor Leadership Camp

Specially designed for youth aged 13-17, both returning as well as new Junior Counselors, to develop and practice leadership skills. The first week of camp will focus on leadership training, team building, service learning, and nature appreciation. In the following weeks, you will have the opportunity to apply your new skills through hands-on in-service training with younger campers.

See inside for more details and application forms.



Age	Camp Title / Dates of Camp	Jun 7 - Jun 11	Jun 14 - Jun 18	Jun 21 - Jun 25	Jun 28 - Jul 2	Jul 5 - Jul 9	Jul 12 - Jul 16	Jul 19 - Jul 23	Jul 26 - Jul 30
6-8	Mucky Muddy Marshes		●			No camp the week following the 4th July weekend	●		
	Fuzz, Furr, Frizz + Fluff			●	●			●	
	Splish Splash Splosh				●				●
	Skin, Scales, Slime + Grime								
	Six legs or more!						●		●
	Predator Prey							●	
	Crafts + Creations								●
	Enchanted Forest			●				●	
9-12	FIND camp: Fossils-Imprints-Neoliths-Dinosaurs						●		
	GO camp: Geocaching + Orienteering						●		
	SNaP camp: Spectacular Nature Photography			●					
	X camp: eXamining eXoskeletons						●		
	S ² camp: Strive 2 Survive		●						
	RAP Camp: Raptors - Aviation Predators							●	
	H ² O camp: Hideouts + Habitats Observed				●				●
	POWER camp: Power On Wheels Exploring + Researching			●				●	
13-17	PCASO camp: Paint Collage And Sculpture Outdoors			●					●
	Junior Counselor (JC) Leadership Camp	●							

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Junior Counselor Application Form



Junior Counselors (JC) are an important part of camp. We depend on you to help the camp counselors and camp director with daily activities. In turn, we provide an opportunity for you to develop leadership skills, to learn about Nebraskan flora and fauna, to practice communication skills, to acquire volunteer service experience, and to have loads of fun. Being a JC is a privilege. Not everyone will be accepted into the program. Training, an interview, and past experience will determine who makes it into the program.

Applications are due by April 1, 2010.
Interviews will be scheduled by April 25, 2010.
All applicants will be notified of acceptance by May 3, 2010.

If you have any questions pertaining to the JC program, please call Nancy Furman, Pioneers Park Nature Center Coordinator, at (402) 441-8709.

- JC Leadership Camp:
- Fun filled five day camp 8:30am-4:30pm specially designed for teens aged 13-17
 - Includes guest speakers, field trip, community service project, and high energy activities
 - Encourages personal achievement, character growth, and self esteem
 - Develops team building skills, tolerance, and new friendships
 - Increases awareness and knowledge of natural sciences and stewardship
 - Nurtures leadership and teaching experiences in a positive environment

- JC duties include:
- Help with camper morning check-in and end of day check-out
 - Help director with daily setting up/close downs and cookout on Fridays
 - Assist camp counselors during hikes and activities
 - Being enthusiastic and keeping campers on task
 - Abiding by camp rules and guiding campers to follow suit
 - Help lead camp games, songs and activities
 - Assist in cleaning camp building and grounds

Junior Counselor's REAL name
(Please PRINT)

Completed Grade

Male /Female
(Circle relevant)

Junior Counselor's CAMP name
(Relevant to returning JC's only)

Date of Birth
(dd/mm/yyyy)

Name of Parent/Guardian
(Primary Contact Person)

Relationship

Work/Cell Phone

Name of Emergency Contact
(Other than Parent/Guardian)

Relationship

Work/Cell Phone

Home Address

Zip Code

Parent/Guardian Email Address

Home Phone

Junior Counselor's Email Address

JC's Cell Phone
(if available)



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Junior Counselor Application Form

Preferred Interview Session

Please rate your preference from 1 to 3 (1=most preferred). We will try to match your request with our availability.

- ☐ Saturday **am**
☐ Saturday **pm**
☐ Sunday **pm**
☐ Weekday M-F evenings (after-school hours)

T-shirt Size
(Please circle size)

Youth **S M L**
Adult **S M L**

Cost for JC camp **\$75**

Requested Camp Weeks

Upon completion of Leadership Camp week, Junior Counselors can request up to two weeks of volunteer service as JC during the summer. Please rate the weeks you prefer from 1 to 3 (1=most preferred). We will try to match your requests with our availability.

- ☒ Jun 7 - Jun 11 (JC Leadership Camp)
☐ Jun 14 - Jun 18
☐ Jun 21 - Jun 25
☐ Jun 28 - Jul 2
 Jul 5 - Jul 9 (no camp following July 4th week)
☐ Jul 12 - Jul 16
☐ Jul 19 - Jul 23
☐ Jul 26 - Jul 30

Amount enclosed _____

NOTE: A \$25 non-refundable deposit is required with your registration. Remaining fees are due ONE WEEK prior to the JC camp session. Early bird registration by May 1st - save \$10. Scholarships available for those who qualify. For more information and application forms, please call the Nature Center.

Payment method Check / Visa / MC / Discover
(circle one only)

Check /card number _____

Expiration date _____

Previous participation as
Junior Counselor (JC)
(Check ☒ all/any relevant)

- ☐ JC summer 2009
 ☐ JC summer 2008
 ☐ JC summer 2007
 ☐ JC summer 2006
☐ JC spring 2009
 ☐ JC spring 2008
 ☐ JC spring 2007
 ☐ JC spring 2006

Any other/additional relevant
camp experiences (please list) _____

Why do you want to be a JC at
Wilderness Nature Camp? _____

Describe yourself and any
special skills or knowledge
that makes you unique _____

Describe one of your favorite
outdoor places or experiences
and explain why it is special _____

What do you expect to gain
from participating as a JC
in this program? _____



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Junior Counselor Application Form

initial here



Please read, check and initial each box as relevant, fill in the necessary blanks, then sign below.



WARNING OF RISK, WAIVER AND RELEASE OF ALL CLAIMS FOR NATURE CAMP BY PIONEERS PARK NATURE CENTER, LINCOLN PARKS AND RECREATION

For and in consideration, the undersigned parent(s) or guardian(s) of the participant in this program, I/we recognize and acknowledge that there are certain risks of physical injury and I/we agree to assume the full risk of any injuries, including death, or loss which the undersigned or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I/we do hereby declare that we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees, and volunteers from any and all claims arising from injuries, including death, or loss which I/we or my minor child/ward may incur or may accrue to me or my minor child/ward on account of participation in the activities of this program. I/we further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees, and volunteers from any and all claims arising from injuries, including death, damages and losses sustained by the undersigned or my minor child/ward arising of this program. I have read and understand the above Warning of Risk Waiver and Release of all Claims, and understand the effect of the relinquishment of rights hereby waived.



FIELD TRIP PERMISSION

I/we authorize the City of Lincoln and the Parks and Recreation Department to take my minor child/ward on all field trips, whether by vehicular transportation or by walking during any of the activities of this program.



PHOTO RELEASE

I/we also allow the City of Lincoln and the Parks and Recreation Department to take photos and/or videos of my minor child/ward during any of the activities of this program, for future publication, education and/or marketing purposes.



HEALTH AND EMERGENCY INFORMATION

I/we acknowledge that the information given below is accurate and that I/we give permission for the medications listed below to be given to my minor child/ward during this program.

Name of Family Physician _____

Physician's
Phone _____

Allergic to what?
Special needs or any other
information the staff should
know about the child _____

Please fill out the following information if your child/ward needs to take or carry medicine during the camp week. Please note that ALL medications MUST be in their original labeled containers in order to be dispensed at the Nature Camp.

Medication Name _____

Dosage _____

Time _____

Medication Name _____

Dosage _____

Time _____

Medication Name _____

Dosage _____

Time _____

Name of Camper
(Please PRINT) _____

Date of birth
(dd/mm/yyyy) _____

Name of Parent/Guardian
(Please PRINT) _____

Relationship _____

Signature of Parent/Guardian _____

Date signed
(dd/mm/yyyy) _____